

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA**

AT _____

V.

CASE NUMBER

REQUEST FOR TRANSCRIPT OR RECORDING

Requestor's name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Judicial officer presiding: _____

Proceeding date(s): _____

Proceeding location(s): _____

Proceeding type(s)¹: _____

Attorney present at hearing (*list all attorneys*):

Witness called at proceeding (*list all witnesses*):

Court reporter name/Tape number/Courtflow: _____

¹ Proceeding types include: Motion Hearing, Voir Dire, Jury Selection, Jury Trial, Day 1, 2, etc., Bench Trial, Day 1, 2, etc., Jury Verdict, Sentencing, Bond Hearing, Detention Hearing, Etc.

USDC/ATTY-010 (8/10) Request for Transcript or Recording

Indicate type of transcript requested:

- | | |
|---|--|
| <input type="checkbox"/> Ordinary transcript (due 30 days from date assigned to court reporter) | <input type="checkbox"/> Daily (due by 5:00 PM the day following assignment to court reporter) |
| <input type="checkbox"/> 14-Day transcript (due 14 days from date assigned to court reporter) | <input type="checkbox"/> Hourly |
| <input type="checkbox"/> Expedited (due 7 days from date assigned to court reporter) | <input type="checkbox"/> Copy of tape |

Additional instructions (*Provide additional information which will aid in the preparation of the transcript*):

I acknowledge that I am responsible for payment to the court reporter for the cost of a transcript of the proceedings described herein or that I am responsible to the Clerk of Court for payment of the cost for recording of the proceedings described herein. Further, I understand that this request will not be processed until appropriate financial arrangements are made.

By: _____
Requestor's Signature or e-Signature

Date: _____

- | | |
|---|---|
| <input type="checkbox"/> Attorney (Civil or Criminal) | <input type="checkbox"/> Assistant United States Attorney |
| <input type="checkbox"/> CJA Attorney (completed CJA-24 attached) | <input type="checkbox"/> Pro Se Litigant |
| <input type="checkbox"/> Federal Public Defender | |

FOR OFFICIAL COURT USE ONLY:

Court reporter assigned: _____

Date assigned: _____

Delivery method:

- ☐ Hold for pickup
- ☐ Mail to above address
- ☐ Mail to: _____
- ☐ Ship overnight:
- via _____ Account no.: _____ Priority: _____